

Case Number:	CM14-0167861		
Date Assigned:	10/15/2014	Date of Injury:	03/10/2006
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is 61-year-old male who sustained a work related injury on 03/10/2006 as result of repetitive tasks. Since then he has complained of right wrist pain, undergone a right carpal tunnel release on 10/19/2006, left shoulder pain and undergone left shoulder surgery on 3/22/2007 and neck pain having undergone spinal fusion on 08/30/2007 and cervical laminectomy and facetectomy C6-7 and posterior fusion C5-7 on 08/29/2011. Per recent Orthopedic progress report, the patient has neck pain that radiates into the upper back and shoulders with guarded mobility secondary to pain. His pain is 8/10 without medications, reduced to 4/10 with. He has His neurological exam is absent any sensory, motor or reflex deficits. In dispute is a decision for Opana ER 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Opana ER 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENTS Page(s): 91, 93.

Decision rationale: Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER), no available generic: [Boxed Warnings]: Opana ER is not intended for prn use. Patients are to avoid alcohol while on Opana ER due to increased (possibly fatal) plasma levels. Analgesic dose: (Immediate release) in opioid-naive patients the starting dose is 10- 20mg PO every 4 to 6 hours as needed. Patients may be started at doses of 5mg if appropriate (e.g., renal impairment). Note: It is not recommended to begin therapy at doses higher than 20mg due to adverse effects. (Extended release tablets) Opioid-naive patients should initially begin on 5m g every 12 hours around the clock. It is recommended that doses be individually titrated in increments of 5 to 10mg every 12 hours for 3 to 7 days. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Aside from pain reduction, there is no documentation of functional or quality of life improvement. As such, the continued use of this medication without meeting expected documentation of continued care is not medically necessary.